



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

NUEVA VIDA BEHAVIORAL HEALTH AND ASSOC

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-16-2500-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

APRIL 19, 2016

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "This was the first diagnostic interview performed on this patient, when calling to check the claim and the compensable injury we were also told that no other interview had been done."

**Amount in Dispute:** \$645.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The following is the carrier's statement with respect to this dispute. The requestor conducted psychological testing, 96101, and a repeat diagnostic evaluation, code 90791. Texas Mutual has no record of a preauthorization request or grant of authorization to the requestor for the testing and evaluation. Further, The requestor argues it was told by Texas Mutual no other interview had been done. The requestor should have checked with the person doing the testing/evaluation, Patricia Garcia. Attached is a bill from Nueva Vida for services provided by Patricia Garcia, billed with code 90791, for date 10/30/14. The services required preauthorization. There is no record it was obtained. No payment is due."

**Response Submitted by:** Texas Mutual Insurance Co.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 28, 2015	CPT Code 90791 Psychiatric diagnostic evaluation	\$245.00	\$0.00
	CPT Code 96101 (X3) Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering test	\$400.00	\$0.00
TOTAL		\$645.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600, effective July 1, 2012, requires preauthorization for specific treatments and services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - CAC-197-Precertification/authorization/notification absent.
  - 930-Pre-authorization required, reimbursement denied.
  - CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
  - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 891-No additional payment after reconsideration.

### **Issues**

Does a preauthorization issue exist? Is the requestor entitled to reimbursement?

### **Findings**

According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon a lack of preauthorization.

28 Texas Administrative Code §134.600(p)(7) requires preauthorization for "all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program."

The respondent wrote "Texas Mutual has no record of a preauthorization request or grant of authorization to the requestor for the testing and evaluation. Further, The requestor argues it was told by Texas Mutual no other interview had been done. The requestor should have checked with the person doing the testing/evaluation, Patricia Garcia. Attached is a bill from Nueva Vida for services provided by Patricia Garcia, billed with code 90791, for date 10/30/14." In support of their position the respondent submitted a copy of a bill dated October 20, 2014, that indicates Patricia L. Garcia billed code 90791.

There is no evidence submitted, that the requestor obtained preauthorization in accordance with 28 Texas Administrative Code §134.600(p)(7) for the disputed services. As a result, a preauthorization issue exists and reimbursement is not recommended

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

05/13/2016  
\_\_\_\_\_  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**